SCHEDULE R (Form 990)

Related Organizations

To be completed by organizations that answered "Yes" to Form 990, Part VII, lines 7a or 7b

OMB No. 1545-XXXX

20XX

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of filing organization

Employer identification number

regarded Entities	-6				
(B)	(C)	(D)	(E)	(F)	(G)
EIN	Nature of activities	State or Foreign Country	Total revenue (\$)	End-of-year assets (\$)	Direct Controlling Entity
ata,	170				
7	1				
00					
(B)	(C)	(D)	(E)	(F)	(G)
EIN	Nature of activities	State or Foreign Country	Exempt Code section	Public charity status (if 501(c)(3))	Direct Controlling Entity
	ated Tax-Exempt Organ	(B) (C) EIN Nature of activities ated Tax-Exempt Organizations (B) (C)	(B) (C) (D) EIN Nature of activities State or Foreign Country ated Tax-Exempt Organizations (B) (C) (D) EIN Nature of activities State or Foreign	(B) (C) (D) (E) EIN Nature of activities State or Foreign Country (\$) ated Tax-Exempt Organizations (B) (C) (D) (E) EIN Nature of activities State or Foreign Exempt Code section	(B) (C) (D) (E) (F) EIN Nature of activities State or Foreign Country (\$) Find-of-year assets (\$) (S) (E) (F) End-of-year assets (\$) (S) (E) (F) End-of-year assets (\$) (S) (E) (F) End-of-year assets (\$) (S) (E) (F) END (C) (D) (E) (F) END (F) END (F) (F) Exempt Code section (Public charity status)

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Part III Identification of Related Organizations Taxable as a Partnership

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Name and address of related organization	Primary business activity, product or service	State or Foreign Country	Direct Controlling Entity	Predominant income (related, investment, unrelated)	Total income (\$)	End-of-year assets (\$)	Disproportionate allocations? (Y/N)	Code V-UBI amount on Box 20 of K-1 (\$)	General or Managing Partner? (Y/N)
				3					
		S	1 0						
				5					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Name and address of related organization	Primary business activity, product or service	State or Foreign Country	Direct Controlling Entity	Type of entity (C corp, S corp, or trust)	Total income (\$)	End-of-year assets (\$)	Percentage ownership

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Part V Transactions with Related Organizations and Noncharitable Exempt Organizations

	<u>4</u>		
1	During the tax year did the organization engage in any of the following transactions with a related organization listed in Parts II-IV:	Yes	No
а	Gift, grant, or capital contribution to other organization		
	Gift, grant, or capital contribution from other organization		
	Loans or loan guarantees to or for other organization		
	Loans or loan guarantees by other organization		
е	Sale of assets to other organization		
f	Sale of assets to other organization		
q	Exchange of assets		
h	Lease of facilities, equipment, or other assets to other organization		
i	Lease of facilities, equipment, or other assets from other organization		
	Performance of services or membership or fundraising solicitations for other organization		
	Performance of services or membership or fundraising solicitations by other organization		
	Sharing of facilities, equipment, mailing lists, other assets, or employees		
•			
n	Reimbursement paid to other organization for expenses		
	Reimbursement paid by other organization for expenses		
	Other transfer of cash or property to other organization		
	Other transfer of cash or property from other organization		

2 If the answer to any of the above is "Yes," complete the following table:

(A) (B)		(C)	(D)	(E)
Name of other organization	Transaction type (A)-(P)	Amount involved (\$)	Description of transaction and of property involved (if any)	Interest, annuity, royalty, or rent from controlled entity? (Y/N)
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				